REMARKS / ARGUMENTS

This is meant to be a complete response to the Office Action dated September 16, 2008. Claims 1, 2, 3, 9, 10, 11, 17, 18 and 19 are herein amended to more clearly define the subject matter of Applicant's inventive concept. Each of the Office Action objections and rejections are discussed in detail herein below.

Response to 35 U.S.C. § 102(b) Rejection

In the Office Action, the Examiner rejected claims 1, 3-5, 8-9, 11-13, 16-17, 19-21 and 24 under 35 U.S.C. §102(b) as being anticipated by Garcia (U.S. Patent No. 6,088,429). In particular, the Examiner indicates that, with respect to Applicant's independent claims 1, 9 and 17, Garcia discloses a similar method for verifying prescriptions. Applicant appreciates the Examiner's review of the instant application in view of the prior art references. However, Applicant believes that Garcia does not teach or even suggest the methods for verifying prescriptions set forth in original claims 1, 9 and 17. In an effort to clarify the scope of independent claims 1, 9 and 17, Applicant has amended such claims to specifically recite that the unique identification code generated by the host system identifies the set of prescription information. Garcia does not teach the step of generating a unique identification code, via the host system, identifying the set of prescription information, as recited in independent claims 1, 9 and 17. As such, Applicant respectfully requests reconsideration and withdrawal of the rejections to amended independent claims 1, 9 and 17, and also each claim which depends therefrom.

As background, drug diversion, fraud and errors are very large problems within the pharmaceutical industry. Medical or drug related errors are generally related to a

lack of comprehensive patient information and history. These types of errors include excessive or redundant tests, services, prescription errors, missed diagnoses or false starts, as well as illness, hospitalization and death created by conflicting medications or illegible scripts.

Drug fraud and diversion includes common schemes such as doctor shopping, pharmacy hopping, stolen, forged or altered scripts, and duplication of scripts, fraudulent "call-in" authorizations and unauthorized use of DEA or state license numbers.

Medical and drug related errors are very costly. In the United States, medical related errors are estimated to cost $20 - $177 billion per year. Nationwide, 100,000 people are estimated to die each year and between 1 ½ - 6 million are harmed each year.

The methods recited in independent claims 1, 9 and 17 address these issues, while Garcia's system does not. Garcia's system is basically directed to a system that provides medical related information to the patients. It is not directed to a system that verifies prescriptions in an effort to prevent drug fraud and diversion.

In order to achieve such goals, Applicant's independent claims 1, 9 and 17 each include the steps of:

generating a unique identification code, via the host system, identifying the set of prescription information;

storing the set of prescription information including the unique identification code identifying the set of prescription information;

transmitting the set of prescription information and the unique identification code to the computer from which the prescription information was received.

Garcia's system does not "generate" a unique identification code identifying the set of prescription information. In contrast, Garcia teaches a "unique identifier 212 which is a personal identifier, such as a social security number, [or] a telephone number" (See Col. 9, lines 8-23) that identifies the patient, rather than a particular set of prescription information. The unique identifier 212 in Garcia is also not generated by the system, but instead is simply provided to the system by the user. As mentioned by the Examiner, Garcia also teaches a "National Drug Code's unique drug identification component", but, such unique drug identification component is (1) not generated by Garcia's system, and (2) only identifies the particular type of drug rather than a set of prescription information.

Further, Garcia does not teach the steps of storing the set of prescription information including the unique identification code as recited in independent claims 1, 9 and 17, nor the step of transmitting the set of prescription information and the unique identification code to the computer from which the prescription information was received.

As the Examiner is aware, a claim is anticipated only if *each and every element* as set forth in the claim is found, either expressly or inherently, in a single prior art reference. A review of Garcia et al. reveals that it fails to disclose each and every element set forth in independent claims 1, 9 and 17, and therefore each claim which depends therefrom.

Therefore, Garcia cannot properly serve as a basis for rejection under 35 U.S.C. §102(b). In view of the above, Applicant respectfully requests reconsideration and

withdrawal of the rejection under 35 U.S.C. §102(b) of claims 1, 9 and 17, and therefore each claim which depends therefrom.

Response to 35 U.S.C. § 103(a) Rejection

In the Office Action, the Examiner rejected claims 2, 6-7, 10, 14-15, 18 and 22-23 over various prior art references under 35 U.S.C. §103(a). In particular, claims 2, 7, 10, 15, 18 and 23 were rejected as being unpatentable over Garcia as applied to claims 1, 9 and 17 above, and further in view of Kobylevsky et al. (U.S. Pub. No. 2005/0060200). Claims 6, 14 and 22 were rejected as being unpatentable over Garcia as applied to claims 1, 4, 9, 12, 17 and 20 above, and further in view of Boyer et al. (U.S. Pat. No. 6,202,923). Applicant appreciates the Examiner's review of the pending application in view of the prior art references. However, Applicant believes that the prior art references, standing alone or in combination, do not disclose or otherwise render obvious the subject matter recited in independent claims 1, 9 and 17, and thus any of the claims which depend therefrom. Therefore, Applicant respectfully requests reconsideration and withdrawal of the rejection under 35 U.S.C. §103(a).

For the reasons set forth above, and not repeated here for the sake of brevity, it is Applicant's belief that the Garcia reference fails to teach each and every element contained in Applicant's independent claims 1, 9 and 17, and therefore each claim which depends therefrom. Further, a careful review of Kobylevsky and Boyer reveals that they fail to correct the deficiencies noted in Garcia.

For example, Kobylevsky, similar to Garcia, is directed to a remote prescription refill system wherein "a central station remote from a pharmacy is provided for receiving phone calls...relating to prescription information. The central station obtains the prescription information, and *automatically* dispatches same to a pharmacy." See Abstract. Although Kobylevsky does appear to permit a doctor to "record new prescriptions and/or refill authorizations" (See paragraph [0068]), there is no mention of or even suggestion to modify Kobylevsky's system to include the steps of "receiving, via a host system...a set of prescription information authorized by a health care provider...*the set of prescription information including* a prescribed drug, and a dosage level for the prescribed drug, a unique health care provider code identifying the health care provider, and a patient code uniquely identifying the patient; *generating a unique identification code*, via the host system, identifying the set of prescription information; storing the set of prescription information including the unique identification code identifying the set of prescription information; *transmitting the set of prescription information and the unique identification code to the computer from which the set of prescription information was received*," as recited in Applicant's independent claims 1, 9 and 17, and thus each claim which depends therefrom. In Kobylevsky, the information flow is one-way, that is, from the patient or the doctor to the pharmacy. Kobylevsky does not teach any manner for the pharmacy to communicate with the doctor within their system. Therefore, Kobylevsky fails to provide for the deficiencies discussed in Garcia.

Boyer et al, on the other hand is offered for the proposition that it "discloses a method wherein the user is associated with an insurance company." Granted, it is known in the art wherein a user, i.e., patient, is associated with an insurance company.

However, Boyer et al. fails to disclose the steps required in Applicant's independent claims 1, 9 and 17, and therefore each claim which depends therefrom, as recited above.

Instead, Boyer et al. is directed to an automated pharmacy system. In particular, Boyer et al. teaches:

> "A method and an automated pharmacy system to alleviate the risk posed by a queue of printed labels for prescription vials that occurs at the printer. The method and system eliminate the need for physically transferring paperwork from one site (the imaging station) to another site (the filling station). Elimination of the physical transferring step smooths the flow of the dispensing operation, and hence, improves the throughput of the automated pharmacy, and further, helps to prevent the association of the wrong paperwork with a given prescription." (See Abstract).

Essentially, Boyer et al. teaches a method and system to be used in a pharmacy to reduce the chance of human errors when filling multiple prescriptions. Thus, Boyer et al. is not remotely related to the prescription verification system, as taught in Applicant's instant application, and therefore does not teach or even suggest the inventive steps recited in independent claims 1, 9 and 17, and also any of the claims which depend therefrom. In particular, Boyer teaches an automated pharmacy to improve the workflow of medication dispensing and to reduce errors during the filling of prescriptions. Boyer's automated pharmacy includes a data entry workstation for processing data relating to a prescription, a filling workstation for dispensing a drug type in a container, a checking workstation where a pharmacist checks and validates that the correct prescription has been dispensed, a counseling workstation for providing information to a customer, and a point-of-sale workstation for providing a prescription to a customer and receiving payment therefor. Boyer describes an in-house, single location, prescription dispensing system. Essentially, Boyer facilitates automated dispensing of

drugs and the only "verification" that Applicant can locate in Boyer (albeit a very important verification) is to make sure that the right pill gets in the right bottle for a given script. Boyer, however, does not appear to teach any manner of improving the flow of information between the doctor and the pharmacist. The prescriptions that Boyer fills are provided in either written form or call in form. See Col. 6, lns. 5-13. Therefore, it is Applicant's belief that combining the teachings of Garcia with those of Kobylevsky et al. and/or Boyer et al. does not disclose or render obvious the novel aspects contained in the instant application.

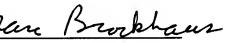
In view of the argument set forth above, Applicant believes that independent claims 1, 9 and 17, and thus each claim which depends therefrom are not anticipated or rendered obvious over the aforementioned prior art references, alone or in combination. Thus Applicant respectfully requests consideration and withdrawal of the rejection of claims 2, 6-7, 10, 14-15, 18 and 22-23 under 35 U.S.C. §103(a).

CONCLUSION

Applicant respectfully submits that this application is in condition for allowance for the reasons stated above. Therefore, it is requested that the Examiner reconsider each and every rejection as applicable to the claims now pending in the application and pass such claims to issue.

The foregoing is intended to be a complete response to the Office Action dated September 16, 2008. In the event that any outstanding issues remain that would delay the allowance of this application, Applicant's attorney welcomes the opportunity to telephonically discuss such issues with the Examiner.

Respectfully submitted,



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